

## PART B - FEE(S) TRANSMITTAL

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**Commissioner for Patents**  
**P.O. Box 1450**  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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20995 7590 09/24/2004

**KNOBBE MARTENS OLSON & BEAR LLP**  
**2040 MAIN STREET**  
**FOURTEENTH FLOOR**  
**IRVINE, CA 92614**

12/07/2004 SFELEKE2 00000170 09764490

01 FC:2501 685.00 OP  
 02 FC:8001 30.00 OP

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### Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Lang J. McHardy, Reg. #50,591	(Depositor's name)
<i>say my</i>	(Signature)
<i>12/3/04</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/764,490	01/17/2001	Mohammad Reza Baraty	(81609-5)	7197

**TITLE OF INVENTION: METHODS, APPARATUS, MEDIA, AND SIGNALS FOR MANAGING UTILITY USAGE**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665 <i>685</i>	12/27/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
WACHSMAN, HAL D	2857	702-061000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Knobbe, Martens,  
 2 Olson & Bear LLP  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SMART DISASTER RESPONSE TECHNOLOGIES, INC. Irvine, CA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10 \_\_\_\_\_

A check in the amount of the fee(s) is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Say my

Date 12/2/04

Typed or printed name Lang J. McHardy

Registration No. 50,591

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT

Case Docket No. SDRT.001A  
Date: December 3, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Baraty, Mohammad Reza  
Appl. No. : 09/764,490  
Filed : January 17, 2001  
For : METHODS, APPARATUS,  
MEDIA, AND SIGNALS FOR  
MANAGING UTILITY USAGE  
Group Art Unit : 2857  
Class/Sub-Class : 702-061000  
Examiner : Wachsman, Hal D.

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

December 3, 2004

(Date)

  
Lang J. McHardy, Reg. No. 50,591

TRANSMITTAL LETTER

MAIL STOP ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- Form PTOL-85.
- A check in the amount of \$715 to cover the issue fee and advanced order of copies is enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- Return prepaid postcard.

  
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